

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827 <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101-3296 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6643 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF(S)/PETITIONER(S)	
DEFENDANT(S)/RESPONDENT(S)	
REQUEST FOR PAYMENT OF TRUST FUNDS (CRC 4; GC 69953; CCP 631.3)	CASE NUMBER

DECLARATION

I, _____ ☐ A Court Reporter ☐ A party ☐ An Attorney for:

_____ do declare that the sum of \$ _____ is

presently due and owing to:

(Name) _____

(Street) _____

(City, State, Zip) _____ by reason of: _____

(If court order provided for interest, provide payee's tax I.D. # and mailing address for tax reporting): _____

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date _____

Signature _____

VERIFICATION

I certify that the sum requested above is on deposit in the _____ Trust Fund.

CLERK OF THE SUPERIOR COURT

Date: _____ by _____, Deputy